

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 1 1936

1. PLACE OF DEATH

County Wright
Township
City Manassah (No.)

Registration District No. 907
Primary Registration District No. 4548

File No. 48952
Registered No. 11
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 - 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>Still born</u>				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassah Mo

FATHER

13. NAME Leslie V. Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo

MOTHER

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Mo

17. INFORMANT L. V. Adams
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE OMA, MO. DATE Aug. 13, 1936

19. UNDERTAKER (ADDRESS) W. C. Clinkenbeard

20. FILED Aug 13, 1936 J. M. Short
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Still born 19.....

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1936, to, 19.....
I last saw h..... alive on Still born, 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Still born
Cause unknown
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) R. M. Norman, M. D.
(Address) OMA MO

